



COLLEGE OF BIOMEDICAL EQUIPMENT TECHNOLOGY  
11550 IH-10 West, Suite 190  
San Antonio, Texas 78230 210.233.1102  
866.866.9027  
www.cbet.edu

# ENROLLMENT APPLICATION

## PERSONAL INFORMATION

<b>Name:</b>				<b>Social Security Number:</b>	
<b>Address:</b>				<b>Drivers License Number:</b>	
<b>City:</b>				<b>Phone Number:</b>	
<b>State:</b>		<b>Zip Code:</b>		<b>Alternate Phone Number:</b>	
<b>E-Mail (Primary)</b>				<b>Date of Birth</b>	

## PROGRAM OF INTEREST AND EXTERNSHIPS (Select one of the following)

<input type="checkbox"/> <b>BIOMEDICAL EQUIPMENT TECHNICIAN (ONLINE CERTIFICATE PROGRAM)</b>	<input type="checkbox"/> <b>ASSOCIATE OF APPLIED SCIENCE DEGREE BIOMEDICAL EQUIPMENT TECHNOLOGY-IDL</b>
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## Educational Needs Assessment

CBET's accredited programs are designed to meet the needs of (1) individuals seeking vocational training and job placement support; and, (2) career professionals seeking avocational professional development education and training. Select the option that best describes your needs:

<input type="checkbox"/>	I am seeking vocational training and career services, including job placement assistance, upon successful completion of the AAS-BMET degree (15 month) program or BMET Certificate (25 week) program.
<input type="checkbox"/>	I am already employed in a biomedical equipment and healthcare technology management-related field and do not require career services or job placement assistance. Provide employment information below.

## Employment Information

<b>Company:</b>			
<b>Point of Contact:</b>			
<b>Address</b>		<b>City/State</b>	<b>Zip Code</b>
<b>E-Mail</b>			<b>Phone:</b>

## Externship Requirements

College of Biomedical Equipment Technology requires AAS-BMET degree students to participate in an Externship as a condition of graduation. Students are required to select from one of the following Externship options:

☐ I elect to participate in an Externship offered by a CBET affiliate hospital or healthcare system (Travel may be required).

☐ I elect to seek an Externship at my place of employment or at a location in/near my home of record I understand that CBET will provide support but cannot guarantee placement in a non-affiliated hospital or healthcare system. I also understand that Externship arrangements must be in place within 14 days of enrollment. Please provide the following information:

### STUDENT ATTESTATIONS (Initials required in each block)

☐ **Program Schedule Changes:** I understand, College of Biomedical Equipment Technology may exercise discretion and reserves the right to change the start and end dates of classes.

☐ **Declaration of health:** I am in good health and capable of performing clinical skills duties, and I agree to comply with all vaccination requirements before or within 30 days of the programs start date.

☐ **Background Check Attestation:** I understand that given the nature of employment as a biomedical equipment technician or healthcare technology manager a background check may be a condition of employment. I hereby authorize CBET to conduct a routine background check as a condition of enrollment.

☐ **Declaration of High School graduation or equivalency:** I confirm, I have a High School diploma or equivalent. I also acknowledge my requirement to provide official records of education and training.

### ACADEMIC RECORD AND PROFESSIONAL BONAFIDIES

<b>High School Name:</b> Address:  Graduation Year:
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<b>College Name:</b> Address:  Degree Attained: Years Attended:
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*\* Attach a copy of your high school or post-secondary academic transcripts if requesting transfer credit.*

### Professional References

<b>Name:</b>	
<b>Phone:</b>	
<b>E-Mail:</b>	

<b>Name:</b>	
<b>Phone:</b>	
<b>E-Mail:</b>	

**Current or Most Recent Employer(s)**

<b>Employer:</b>	
<b>Website:</b>	
<b>Position:</b>	
<b>Phone Number:</b>	
<b>E-Mail Address:</b>	

**Please submit the following additional documents with your enrollment application:**

- ☐ Copy of a government issued identification card (Drivers License, Passport, Military ID, etc.)
- ☐ Copies of transcripts and diplomas for transfer credit evaluation
- ☐ Resume
- ☐ DD Form 214 (Member Copy) (Military and Retired Military Only)

The College of Biomedical Equipment Technology assesses a 100-dollar administrative fee associated with the costs of processing enrollment applications. The 100-dollar administrative fee is applied at the time of enrollment.

By signing the applicant acknowledges the stipulations and conditions of enrollment and attests to the accuracy of the information provided to the CBET enrollment officer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_